

01-R-0123

Entered - 8-5-97- sb
CL - 97L0471 ALEXIS HOLMES

CLAIM OF: JACQUELINE HINES
1855 Morkone Street
Atlanta, Georgia 30318

For damages alleged to have been sustained as a result of property damage by a City truck on June 12, 1997 at 1855 Markone Street.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **Jacqueline Hines** the sum of **\$800.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for damages alleged to have been sustained as a result of property damage by a City truck on June 12, 1997 at 1855 Morkone Street** as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY:


ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY


Robert M. Coyle DCA

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 970471

Date: 1/12/00

Claimant /Victim JACQUELINE HINES

BY: (Atty) _____

Address: 1855 Morkone Street Atlanta, Georgia Street 30318

Subrogation: _____ Claim for Property damage \$ 905.00 Bodily Injury \$ _____

Date of Notice: 7/15/97 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 6/12/97 Place: 1855 Morkone Street

Department Public Works Division: Solid Waste and Transportation

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant sustained damage to her driveway when City workers drove a truck into her driveway to remove leaves.

INVESTIGATION:

Statements: City employee _____ Claimant X Other X Written X Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 800.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 01/18/00

Committee Action: _____ Council Action _____

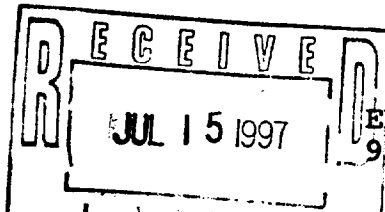
COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 7/15/97

OATIS
7/24/97



ENTERED - 8/5/97 - tew
97L0471 - ANTHONY G. OATIS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 905.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 6/12/97 2. Time of Incident: _____ 3. Police called: _____
(month/day/year) Yes No ☒
4. Location of incident (including street address): 1855 Morkone St Atlanta Ga 30318
5. Name of your insurance company: NO Policy No. _____
6. State what and how incident occurred: the City work culup the front are my driverway.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Jacqueline Aines

Jacqueline Aines
(Print Claimant's Name)

1855 Morkone St
(Address)

Atlanta Ga 30318
(City, State and Zip Code)

763-3101
(Work Number) (Home Number)

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